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## Navy Forges Ahead with Clinical Informatics

BY VJOHNSON – JULY 14, 2014

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From Barbara Ware, U.S. Navy Bureau of Medicine and Surgery Clinical Informatics Directorate

The Navy's Clinical Informatics Directorate continues to be on the forefront of promoting the understanding, integration and application of information technology in healthcare settings. Physicians, nurses, dentists and other healthcare providers are focusing on improving patient's health and clinical processes with electronic health records, patient tracking tools and systems integration technology.

Navy's clinical informaticians translate what our military healthcare systems need to information technology (IT) professionals. The IT professionals use this information to tailor IT solutions to help providers deliver the best patient care.



New standardization and data integration in electronic health records allows health records to be more rapidly accessed and conveniently stored. (Photo courtesy of Barbara Ware)

**Clinical Informatics allows clinicians to:**

- Enhance continuity of care by embedding quality measures and other improvements in the electronic medical record
- Improve relationships with their patients



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- Better analyze clinical and financial data
- Promote and facilitate access to patient care resources and references
- Enable cost savings and productivity goals
- Improve workflows and facilitate change management

Vice Adm. Matthew Nathan, surgeon general of the Navy and chief of the U.S. Navy Bureau of Medicine and Surgery recently directed each inpatient military treatment facility (MTF) to identify and appoint candidates to serve as Chief Medical Informatics Officers (CMIO) and Chief Nursing Informatics Officers (CNIO).

"Our MTFs will now have the expertise to strategically position our global Military Health System (MHS) network to roll out a new commercial electronic record across the enterprise," said Capt. Lea Beilman, director of Clinical Informatics. "The new CMIOs and CNIOs will work closely with their respective MTF Chief Information Officers to support the planning, implementation and life cycle management of information systems to improve patient care."

This collaboration between clinicians and IT professionals has improved daily health professional workflows by finding ways to minimize data entry, so caregivers only have to enter the required patient information one time. In addition, it has also resulted in highly sophisticated initiatives like iMedConsent® Phase 2. This software provides standardization of the informed consent process. iMedConsent uses peer-reviewed, relevant clinical content for more than 2,500 MTF procedures. It includes all requirements of the Joint Commission for informed consent including risks, benefits and alternatives that have been reviewed and explained in language at a sixth grade level for ease of comprehension.

iMedConsent Phase 2 is currently expanding to link consents to the Electronic Health Record. Patient information will be pushed from the medical record to the iMedConsent server and then saved electronically. The patient, provider and required witness will use a signature pad to sign the document, making the process completely paperless. There are enormous benefits to this new process. The new online forms are being electronically stored, which is an improvement over the old paper forms which could be lost or damaged. By providing standardized content, iMedConsent Phase 2 avoids the previous variations that existed when individual MTFs were designing their own consent forms. The new system also provides a venue for clinician feedback when the content does not appear to meet the clinical needs.

Standardization across the military services and MTFs is a crucial part of the success of clinical informatics. It will allow more efficient data exchange with the MHS' external partners such as the Veterans Health Administration and civilian organizations. Standardizing Electronic Health Record and other processes mean less training is needed. It makes it easier for clinicians and other healthcare staff to move from one site to another. It improves workflow and increases continuity of care within each MTF, across TriService MTFs and pre/ post deployments.

Standardization and data integration in Electronic Health Records may reduce expensive testing, such as lessening the need for multiple CT scans because all of the patient's data, including lab results, radiology results and other vital information, can be rapidly accessed electronically. It is already improving clinicians and MHS Leadership access to metrics and data sets that are used by more than ninety percent of American health plans to improve outcomes.

Navy Medicine's Clinical Informatics Directorate helped create a Clinical Quality Measures Content Advisory Group staffed by subject matter experts to support the implementation of quality initiatives across the MHS. Clinicians and other caregivers now have access to embedded clinical support tools and vetted protocols to help improve patient outcomes. One benefit is more Partnership for Patients (PfP) recommended clinical guidelines are being added to Navy's electronic health records. PfP is a Center for Medicare & Medicaid services led private/public project dedicated to making patient care safer and reducing hospital readmissions. :

For example, PfP's Central Line Insertion Note, which allows for procedure documentation of a central IV line, is now available to clinicians. Automated reports currently in development will assist the data infection preventionists in their data collection to meet Central Line Associated Blood Stream Infection reduction goals. There is also obstetrics content, such as the OB MultiD Delivery Summary, which supplies important information forward to the OB MultiD Discharge Summary. This allows for documentation at the point of care that is consistently available to caregivers and patients at discharge.

As a result, overall patient care is improved. Readmissions are often reduced by clearer standardized patient discharge instructions, which help improved medication reconciliation and better communication between inpatient providers and primary care specialists.



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